



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended statement of organization. <table border="1"><tr><td>Date Changes Took Effect</td><td>SBE-issued Committee ID</td></tr><tr><td> </td><td> </td></tr></table>	Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID				
Committee Information					
Committee Information	Kirkpatrick for Council Name of Candidate Campaign Committee				
	6250 Edsall Rd Unit 203 Street Address/PO Box				
	Alexandria City				
	VA State				
	22312 Zip Code				
	Ryan.Wilson.Kirkpatrick@gmail.com Email Address				
703-314-5439 Daytime Phone #					
Campaign Website					
Candidate Information					
Candidate Information	Kirkpatrick Last Name				
	Ryan First Name				
	Wilson Middle Name				
	 Suffix				
	6250 Edsall Rd Residence Address				
	203 Apt #				
	Alexandria City				
	VA State				
22312 Zip Code					
Alexandria County or City of Residence					
920336729 Voter Identification #					
Ryan.Wilson.Kirkpatrick@gmail.com Email Address					
703-314-5439 Daytime Phone #					
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	City Council Office Sought				
	 District (if one)				
	Independent Political Party				
2015 Year of Election	<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Type of Election				






Treasurer Information				
Treasurer Information	Kirkpatrick Ryan Wilson			
	Salutation	Last Name	First Name	Middle Name Suffix
	6250 Edsall Rd Unit 203			
	Residence Address		Apt #	
	Alexandria		VA	22312
	City	State	Zip Code	
	Alexandria		920336729	
County or City of Residence		Voter Identification #		
Ryan.Wilson.Kirkpatrick@gmail.com		703-314-5439		
Email Address		Daytime Phone #		
<input type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
TD Bank				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
Alexandria VA				
City	State	City	State	
Committee Activity				
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		N/A	
	Date first expenditure made:		N/A	
	Date campaign depository designated:		N/A	
	Date filing fee paid for party nomination:		N/A	
	Date statement of qualification filed:		6 June 2015	
	Date treasurer appointed:		8 June 2015	

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using SBE's electronic filing application (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input type="checkbox"/> File paper reports.</p> <p><u></u> <u>7 June 2015</u> Signature Date</p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u></u> <u>7 June 2015</u> Candidate's Signature Date</p>
Treasurer's Signature	<p>I accept the appointment of treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><u></u> <u>7 June 2015</u> Treasurer's Signature Date</p>